

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1	1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19						
20						
21						
22						
23	1					
24	1					
25	2					
26	2					
27	1					
28	1					
29	1					
30	2					
31	2					
32	1					
33						
34						
35						
36						
37						
38						
39						
40	1					
41	1					
42	1					
43	1					
44	1					
45						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51						
52						
53						
54						
55						
56						
57	1					
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70	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	84					
TOTAL CLAIMS	92					